

OFFICE USE ONLY

Cert # _____

DOCUMENT CONTROL # _____

By _____



**APPLICATION FOR
BIRTH RECORD – MILITARY
PERSONNEL BEING DEPLOYED**

OFFICE USE ONLY

Remit No. _____

By _____ **ZZ 708-153**

H.B. No. 1260 Sec. 431.039. EXEMPTION FROM FEES FOR MILITARY PERSONNEL BEING DEPLOYED. A member of the National Guard on federal active duty, or a member of the armed forces of the United States on active duty, who is preparing to be deployed to serve in a hostile fire zone as designated by the United States secretary of defense is exempt from paying the following state or local governmental fees the member incurs because of the deployment to arrange the member's personal affairs: (1) fees for obtaining copies of: (A) a birth certificate; SECTION 2. This Act takes effect September 1, 2007.

PLEASE PRINT. APPLICATIONS WITHOUT A COPY OF VALID MILITARY ID AND MILITARY ORDERS WILL NOT BE PROCESSED.

Birth Certificates			
Type	Cost X	# of copies=	Total
Certified Copy	\$22	1	0
Certified Copies-additional	\$22		
Total			

Make check or money order payable to: DSHS

All funds are deposited directly to the Texas Comptroller of Public Accounts. Refunds available only on written request.

1. Full Name of Person on Record	First Name	Middle Name	Last Name
2. Date of Birth	Month	Day	Year
3. Sex			
4. Place of Birth	City or Town	County	State
5. Full Name of Father	First Name	Middle Name	Last Name
6. Full Maiden Name of Mother	First Name	Middle Name	Maiden Name

7. YOUR NAME _____ 8. TELEPHONE # (____) _____

EMAIL ADDRESS _____ (MON-FRI 8:00-5:00)
DEPLOYMENT LOCATION _____

9. MAILING ADDRESS: _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____

10. RELATIONSHIP TO PERSON NAMED IN ITEM 1: _____ 11. PURPOSE FOR OBTAINING THIS RECORD: _____

☐ I authorize mailing to the address below instead of my mailing address. I have verified that the address below will receive my order.

NAME _____ STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

Your Signature _____ Date of Application _____

MAIL THIS APPLICATION AND A PHOTOCOPY OF YOUR MILITARY ID AND MILITARY ORDERS TO:

**Texas Vital Records
Department of State Health Services
P.O. Box 12040
Austin, TX 78711-2040**

APPLICATIONS WITHOUT MILITARY ID AND MILITARY ORDERS WILL NOT BE PROCESSED.

WARNING: THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT IN THIS FORM CAN BE 2-10 YEARS IN PRISON AND A FINE OF UP TO \$10,000. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003)